PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10030679-1

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T	TAL CLAIMS	,	(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	SMALL ENTITY	
TOTAL CLAIMS			28			-		RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			28 minus 20= *		* \	8		X\$ 9=		OR	X\$18=	144	
IND	DEPENDENT C	LAIMS	5 minus 3 = * 3					X43=		OR	X86=	172	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	-	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L _	OTAL		OR	TOTAL	1086	
CLAIMS AS AMENDED - PART II								'		•	OTHER	THAN	
		(Column 1)				(Column 3)	S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=		
AME	Independent	<u></u>		L <u>.</u>	C' AINA	=	,	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
								TOTAL		OR	TOTAL		
		(Column 1)		ADL	OIT. FEE		,	ADDIT. FEE					
В		CLAIMS		(Colum	ST	(Column 3)			ADDI-			ADDI-	
AMENDMENT E		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9=	-	OR	X\$18=		
	Independent	*	Minus	***		=	>	(43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=		
								TOTAL		OR .	TOTAL		
ADDIT. FEE													
ENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOU PAID FO	ST ER USLY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	###		=	X	43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT, FEE		
7	he "Highest Num	mber Previously Paid ber Previously Paid	i For" (Total or	Independer	iess than it) is the l	i 3, enter "3." highest number			opriate box				